



Pd Cb# 1083 5/18/9 Thm #10.00

For Ecolo	For Ecology Use		
Fee Paid			
Date			

State of Washington

Please follow the attached instructions to avoid unnecessary delays.

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ity SEATILE	State w Zip+4 981	03 +	_FAX:(7	6) 543	-0217
Section 2. CONT ■ Same as above	CACT - PERSON TO CA	LL ABOUT	THE A	PPLICA	ATION
ame		Hom	e Tel:(_)	
ty	State Zip+4	+	_FAX:(
lationship to applicant					
Section 3. STAT	EMENT OF INTENT				
*	permit to use not more than				
ESCRIPTION OF TH	nhal use (home + yard IE PLACE OF USE. (See instru	ctions.) NOTE	: A tax pare	el number	ach a "LeGal" or a plat number is
Check if the water needed: From Section 4. WATI Surface WATE Surface WATE Jame the water source ake, etc. If unnamed, unnamed stream," etc. Lake Wenafchee	in the place of use. (See Instruction and quantity to be used in acre-feeter use is proposed for a short-term	ctions.) NOTE t per year: project. Indic	OWATER esired for _	el number	that the water will
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ECY 040-1-14 Rev. 9/95 F **APPLICATION**

Appl. No.: 54-3268/

Sec	tion 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named: N/A
В.	Briefly describe your proposed water system. (See instructions.)
	Alfa.
	he we take take alternatives at the entire of freezestations between the
C.	Do you already have any water rights or claims associated with this property or system? YES NO PROVIDE DOCUMENTATION.
	tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION mpleted for all domestic/public supply uses.)
Α.	Number of "connections" requested: 1 Type of connection Single family residence. (Homes, Apartment, Recreational, etc.)
B.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the
0.	Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
Con	Con 7 IDDIC ATION/ACDICHI TUDAI /FADM INFODMATION
	tion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION mplete for all irrigation and agriculture uses.) N/A
Α.	Total number of acres to be irrigated:
В.	
D.	List total number of acres for other specified agricultural uses:
	Use Acres Use Acres
	Use Acres
C.	Total number of acres to be covered by this application:
D	
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only:
	# Acreage irrigated under water rights acquired after December 8, 1977;
	‡ Acreage proposed to be irrigated under this application;
	‡ Acreage proposed to be irrigated under other pending application(s).
	1. Is the combined acreage greater than 2000 acres? □ YES □ NO
	2. Do you have a controlling interest in a Family Farm Development Permit? — YES — NO If yes, enter permit no:
E.	Farm uses:
L.	Stockwater - Total # of animals Animal type (If dairy cattle, see below)
	Dairy - # Milking # Non-milking
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•	APPLICATION (III)
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Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES KNO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS
Provide detailed driving instructions to the project site. Property address: 16420 North Shore Dr. Leavenworth, WA 98826 Lala Wenatchee highway (SR 7?) (old Secondary State highway NO 15-D?). (See attached locator mays)
Section 10. REQUIRED MAP
A. Attach a map of the project. (See instructions.)
Section 11. PROPERTY OWNERSHIP
A. Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement: No, see attached easement for pipeline.
I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me. Applicant (of authorized representative) Date Dat

Landowner for place of use (if same as applicant, write "same")

Date

We are returning your application for the following reason(s):	
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation: Please provide the additional information requested above and return your	application by
(date).	

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).